



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION
LOBBYIST REGISTRATION FORM
(Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)		(First)	(Middle)	TELEPHONE
Lee		Robert	H.	949-1566
MAILING ADDRESS (Street)				FAX
2305 S. Beretania Street, #202				952-6003
(City)		(State)	(Zip Code)	
Honolulu		Hawaii	96826	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
Hawaii Fire Fighters Association - Political Action Committee				949-1566
MAILING ADDRESS (Street)				FAX
2305 S. Beretania Street, #202				952-6003
(City)		(State)	(Zip Code)	
Honolulu		Hawaii	96826	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Fire Fighters Association			949-1566
MAILING ADDRESS (Street)			FAX
2305 S. Beretania Street, #202			952-6003
(City)		(State)	(Zip Code)
Honolulu		Hawaii	96826
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Celeste Y.K. Nip			949-1566
MAILING ADDRESS (Street)			FAX
2305 S. Beretania Street, #202			952-6003
(City)		(State)	(Zip Code)
Honolulu		Hawaii	96826

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	Transportation
Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	<input checked="" type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1-11-07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Robert H. Lee	President

NAME OF ORGANIZATION (if applicable)

Hawaii Fire Fighters Association

TELEPHONE

808-949-1566

MAILING ADDRESS (Street)

2305 S. Beretania St., Rm. 202

FAX

808-952-6003

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96826

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1-11-07

(Date)